Committee Name:	·
Our Atlantic City	
If registered, FEC ID:	
Today's Date:	··········
12/28/2016	•

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:	
Timothy Mancuso	, Treasurer

Office

Use

## STATEMENT OF

FORM 1	ORGANIZATION	Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type over the lines.	12FE4M5
OUR ATLANT	IG G ITY	
ADDRESS (number and street)	LILLI S. GAMBRIDGE AV.	E, UNIT HOZ-
(Check if address is changed)		,
is changes,	VENTMOR	STATE ▲
COMMITTEE'S E-MAIL ADDRE	SS	
(Check if address is changed)	DURATLANTICGITY CAT	LANTICCITTYPACI. COM
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE AD	DRESS (URL)	
(Check if address is changed)		
8 1 0 4. ************************************		<del></del>
4 2. DATE [12] 2	8 2016	
3. FEC IDENTIFICATION N	UMBER P CC	
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)	
I certify that I have examined t	his Statement and to the best of my knowledge and belie	of it is true, correct and complete.
Type or Print Name of Treasure	er Timothy Mancuso	·
Signature of Treasurer	JN m	-Date + 2 28 2016
NOTE: Submission of false, error	neous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTE	

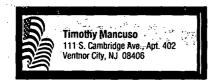
For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

**FEC FORM 1** (Revised 06/2012)

ı	F	EC Fo	rm 1 (Revised 02/2009) Page 2		
5.			OMMITTEE		
		didate	Committee:		
	-(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
	Name Candi				
	Candi Party	idate Affiliatio	Office State Sought: House Senate President District		
-	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate					
	Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) P					
	Political Action Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
			Corporation Corporation w/o Capital Stock Labor Organization		
			Membership Organization Trade Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)		
			In addition, this committee is a Lobbyist/Registrant PAC.		
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fundraising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
		Com	mittees Participating in Joint Fundraiser		
		1,			
		2.			
		3.	FEC ID number C		
		4.	FEC ID number C		

Write or Type Committee Name

Name of Any Connecto	ted Organization, Affiliated Committee, Joi	nt Fundraising Representative,	or Leadership PAC Sponso
MONELPILL			
+			
Mailing Address			
Ū			
	CITY	STATE	ZIP CODE
Relationship: Conne	nected Organization Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sp
ricianoriship.	Paral Paran Paral Paran Paral Paran Paral Paran Paral Paran Paral Paran Paral		Sheet S
0.000.00			
Custodian of Records: books and records.	: Identify by name, address (phone number -	- optional) and position of the p	erson in possession of comr
			•
Full Name	MOTHY MAINGUISION		
Mailing Address	[1111 S. CAMBRID	GE ANE, UNI	T 402
		<u></u>	
	VENTINOR	MIZI	08406-
Title or Position	CITY	STATE	ZIP CODE
CHATOLOGO	1		09   - 18,16   - 1551
CINITENNIAIN	/	Telephone number	<u>                                      </u>
	ne and address (phone number optional) o	f the treasurer of the committee	; and the name and address
Treasurer: List the name	of the delication (business of the control of	•	
	e.g., assistant treasurer).		
any designated agent (e	e.g., assistant treasurer).		
any designated agent (e  Full Name  of Treasurer	a.g., assistant treasurer).	ALE ALE MAIT	T 407
any designated agent (e	a.g., assistant treasurer).	OGE AVE, UNI	T, 40,2
any designated agent (e  Full Name  of Treasurer	e.g., assistant treasurer).  MOTHY MANCUSO  STAMBRITE	<u> </u>	T, 402
any designated agent (e  Full Name  of Treasurer	a.g., assistant treasurer).	OGE ANE UNIT	T, 402



SCLUTH DERSEY AUTON

29 DEC 2016 FM4

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Federal Election Commission 999 E Street, W.W. Washington, DC 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered	Date of Receipt		
USPS First Class Mail  Postmarked    2   2 9   16	Date of Receipt		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Busine	ess Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Receipt or Postmarked		
PREPARER (3/2015)	1317 DATE PREPARED		